

# DECLARATION OF EMERGENCY

## Department of Health and Hospitals Office of the Secretary Bureau of Health Services Financing

### Federally Qualified Health Center—Reimbursement Methodology

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has adopted the following emergency rule in the Medical Assistance Program as authorized by R.S. 46:153 and pursuant to Title XIX of the Social Security Act and as directed by the 1996-97 General Appropriation Act, which states: “The Secretary shall implement reductions in the Medicaid program as necessary to control expenditures to the level approved in this schedule. The Secretary is hereby directed to utilize various cost containment measures to accomplish these reductions, including but not limited to pre-certification, pre-admission screening, and utilization review, and other measures as allowed by federal law.” This emergency rule is adopted in accordance with the Administrative Procedure Act, R.S. 49:950 et seq. and shall be in effect for the maximum period allowed under the Administrative Procedure Act or until adoption of the rule, whichever occurs first.

The Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing has reimbursed federally qualified health centers under a cost reimbursement methodology as published in the *Louisiana Register*, Volume 16, Number 8 of August 20, 1990. The bureau has now determined it is necessary to limit reimbursements to federally qualified health centers by applying the Medicare Payment Limit to core services. A core service is defined as a face-to-face encounter with a physician, physician assistant, nurse practitioner, clinical psychologist or clinical social worker. This action is necessary to avoid a budget deficit in the medical assistance programs. It is anticipated that implementation of this emergency rule will save approximately \$1,034,077 for state fiscal year 1996-1997.

#### **Emergency Rule**

Effective for dates of services July 1, 1996 and after, the Department of Health and Hospitals, Office of the Secretary, Bureau of Health Services Financing will limit reimbursements to federally qualified health centers by applying the Medicare Payment Limit to core services. A core service is defined as a face-to-face encounter with a physician, physician assistant, nurse practitioner, clinical psychologist or clinical social worker.

Interested persons may submit written comments to: Thomas D. Collins, Bureau of Health Services Financing, Box 91030, Baton Rouge, LA 70821-9030. He is responsible for responding to inquiries regarding this emergency rule.

Bobby P. Jindal  
Secretary

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